

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

## For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5

Elisabeth Motsinger for Congress

ADDRESS (number and street) 6548 Woodmere Drive

Check if different than previously reported. (ACC)

Walkertown NC 27051-9426

2. **FEC IDENTIFICATION NUMBER** C C00508580

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

CITY NC STATE 05 ZIP CODE

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M / D D / Y Y Y Y in the State of  

(c) 30-Day **POST**-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y

10 / 01 / 2013 through 12 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John K Motsinger Sr

Signature of Treasurer John K Motsinger Sr *[Electronically Filed]* Date M M / D D / Y Y Y Y

04 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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### FEC FORM 3

(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Elisabeth Motsinger for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	785.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	20.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	765.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	125.00	9558.46
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1183.43
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	125.00	8375.03
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	613.49	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	2500.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Elisabeth Motsinger for Congress**

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	66587.85
(ii) Unitemized.....	0.00	59956.29
(iii) TOTAL of contributions from individuals ▶	0.00	785.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	785.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	1183.43
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	3.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	1971.43

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	125.00	9558.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	2000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	2000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	20.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	20.00
21. OTHER DISBURSEMENTS .....	0.00	16.83
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	125.00	11595.29

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	738.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	738.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	125.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	613.49

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A  
Transaction ID :

Amends prior year end report to correct opening cash on hand

Form/Schedule:  
Transaction ID:

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 8	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elisabeth Motsinger for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 09 / 2013</b>
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period <b>125.00</b>
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement Open database to file FEC-3 report	Category/Type <b>001</b>	<b>Transaction ID : D453719</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>125.00</b>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Elisabeth Motsinger for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**I. M. Anonymous**

Mailing Address P. O. Box 25121

City State Zip Code  
 Winston Salem NC 27114-5121

Nature of Debt (Purpose):  
 Disputed claim from alleged contractor

Outstanding Balance Beginning This Period 2500.00	<b>Transaction ID : D388694</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	2500.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	2500.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	2500.00

: 97 `A-G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`ZG7 <98I @9 `CF`#19A-N5HCB

Form/Schedule: SD10

Transaction ID : D388694

Claimant was associated with the campaign during the primary period. The campaign and the claimant terminated the relationship. A dispute has arisen over the value of the services, whether the services were properly performed, and whether any contractual relationship existed between the parties. The inclusion of \$2500 is the estimated amount we understand the claimant demands and not an admission by the committee that any amount is due to claimant. Claimant listed as anonymous due to nature of relationship between the parties and the expectation of privacy inherent in that relationship. Committee reserves the right to assert additional claims against the claimant not listed above if the claim results in litigation. The failure to enumerate those claims here does not constitute a waiver of them,

Form/Schedule: SD10

Transaction ID: D388694

10/14/2013 UPDATE: We have not heard any more demands from this person for a year, although both the candidate and I have encountered the alleged claimant at various events and the encounters were cordial.